EXHIBIT C

ASSOCIATE NAME: JOB TITLE:			DATE.
Joseph Pasquarello	Assistant Director	of Fire Safety	DATE: June 1, 2021
OPERATION NO.	OPERATION NAM		
48007	Mount Sinai Hospi	al	LOCATION: New York, NY
PURPOSE OF CONFERENCE	CE/WORK RULE VIOLATED:		1011,111
DETAILED ACCOUNT OF #1 On May 18th, we received informed of the impairment to insurance provider added a defect which were created by Fire Safety to put in place to track any defic in February in order to better safety work orders to track the A performance improvement passociately was a performance improvement passociately work orders to track the A section of the province of th	perficiency which was previously remote the precion originally performed begins track repairs and life safety deficitioncies moving forward. Instead of track the repairs. Joe managed the erepairs. This was brought to my applan will accompany this document	FERENCE: er following a May 6 th ple DNY but did not notify oved and may cause insuring July 2021, complete encies. The expectation of waiting until July, we disspection as well as the ttention during monthly and will be presented to	anned site visit. Joseph Pasquarello was our insurance provider. As a result, the arance premiums to increase. d in November 2020 but no work orders was reviewed with Joe and a procedure was ecided to perform the testing again starting repairs but again did not create any life document review the week of May 10th. the associate when reviewing this form.
ACTION TAKEN: (Check "X")	Second	F: 1	
Progressive	Progressive	Final Progressive	
Counseling X	Counseling	Counseling	Discharge
REFERENCE TO PREVIOUS N/A	CONFERENCES OR RELATED	INCIDENTS:	2 John Mary
This will confirm that the foreg satisfactory improvement must	oing report has been discussed wit be shown and maintained or furthe	n the Associate involved r action will be taken.	and that he/she has been advised that
COPIES TO:	SIG	NATURE OF MANAGE	ER: DATE:
Original) Associate	File	Man &	6/10/21
Copy) Associate	Associate ref	ised to sian	7.701
Witness: Merica	Persaud SIG	NATURE OF ASSOCIA	TE: DATE:

Please promptly alert your Manager if you believe that the reason you were given this Progressive Counseling may be corrected by a reasonable accommodation for a disability. If you were counseled for violating the Attendance Policy, let your Manager know if your absence or lateness may be excused under any federal, state, or local law.



MEMORANDUM

To: Joseph Pasquarello

From: Michael Roche

Date: June 1, 2021

Re: Performance Plan

On several occasions we have discussed your role as Assistant Director of Fire Safety and the expectations you must fulfill in order to be successful on the job. I have observed that there are certain areas of your performance which continue to fall short of expectations, and as your immediate supervisor it is my responsibility to offer you coaching and guidance to help you improve.

I have created the attached performance improvement plan which identifies critical functions of your job which must be met and also identifies how we will measure success of these job functions.

Over the next 90 days, you and I will meet on a weekly basis and review your progress on this action plan, and I will offer you further feedback and coaching. Our weekly meeting will occur each Tuesday, where you will need to bring each week a copy of this performance plan, with written notes on the status of your performance, as well as the log books referenced in this plan. I am also welcome to hearing any suggestions you may have to improve your performance.

Attachment				
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I have received this memorandum and the attached performance improvement plan. I am committed meeting this plan and meeting the company's performance expectations. I understand that if improvement is not shown, additional disciplinary action up to and including termination may result.

Associate will follow plan but refuses to sign.

<ASSOCIATE SIGNATURE>

Date

<MANAGER SIGNATURE>

Date

PURPOSE: (check one):

Performance Enhancement Plan: A plan to help improve the performance of an associate that lacks any previous progressive counseling bur has shown the quality of his/her performance/behavior is not meeting company standards.

__X___Performance Improvement Plan: A plan intended to provide non-performing associates with very specific action steps, which must be accomplished within a 30 to 90 day timeframe.

Performance Improvement	Task to be completed by:	Measurement	Follow Up Notes
Timely completion and closing of all preventative maintenance tasks completed by a vendor or in house Fire Safety staff.	Joseph Pasquarello	PM's are to be completed and closed in TeamOps by the 25 th day of the month.	
Attend all required meetings or let the organizer know that you will not attend at least one hour in advance of the scheduled start time.	Joseph Pasquarello	Accountability is required, if the meeting cannot be attended, the organizer should be notified in advance of the meeting.	
Obtain all required certificates of fitness required for Fire Marshals (except Z-89/F-89)	Joseph Pasquarello	Obtain F-01, F-03, F-04/W-04, S-12, S13/S-14, S-95 by the end of this 90 day program.	
As a reminder, Joseph Pasquarello was asked to obtain his F-89 at the start of his employment in October 2019. This was reiterated during the 2020 annual review.	Joseph Pasquarello	Obtain F-89 with building assigned to license prior to 10/1/21.	
Ensure all regulatory documentation for the previous month is received, reviewed and uploaded to TeamDoc by the 10 th of the current month.	Joseph Pasquarello	Monthly review of TeamDoc after the 10 th of the month.	
Ensure life safety work orders are created for all life safety deficiencies by the next business day per your current procedure.	Joseph Pasquarello	Weekly review of all deficiencies found by all vendors/in-house staff.	
Ensure all urgent impact ISLM are completed properly and closed out in TeamOps within 24 hours.	Joseph Pasquarello	Weekly review of all urgent impact ILSM.	<u> </u>
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